

# You Have the Right to Receive this Notice

You have the right to receive a paper copy of this Notice and/or an electronic copy by e-mail upon request. This notice is also posted on the Lucas County Mental Health Board Web site at [www.lucascountymhb.org](http://www.lucascountymhb.org).

## How to Complain About Our Privacy Practices

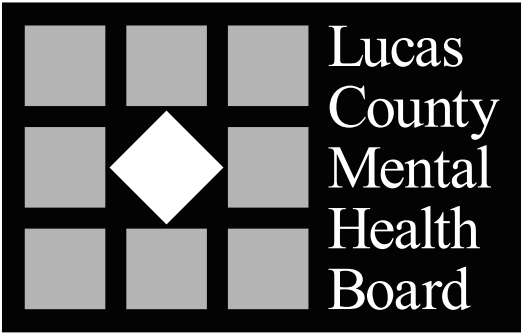
If you think we may have violated your privacy rights, or you disagree with a decision made about access to your PHI, you may file a complaint with the Lucas County Mental Health Board, 701 Adams St. Suite 800, Toledo, OH, 43624. The phone number is 419-213-4600. You may file a written complaint with the Secretary of the U.S. Department of Health and Human Services at the Region V Office of Civil Rights, 233 Nth Michigan Ave., Suite 240, Chicago, IL, 60601; or call 312-886-2359. We will respect your views and take no retaliatory action against you.

## Changes to This Notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice at the Board Office. In addition, each time there is a material change in the Notice, we will mail a copy to the last known address we have on file for you.

## Privacy Protection

We are required by law to maintain the privacy of your health information. The Board assures all clients who receive mental health treatment/services from our contract agencies that we understand the importance of your health information and pledge to use it only as is necessary in Board operations. This notice applies to all claims information, or other identifiable protected health information provided by provider agencies for purposes of Board audits and review, and requests generated by and for consumers of mental health services for complaints/grievances or advocacy.



# Notice of Privacy Practices

This notice describes how your medical information may be used and disclosed and how you can get access to this information. Please review it carefully.

## Our Duty to Safeguard Your Protected Health Information

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for health care is considered "Protected Health Information" (PHI). We are required to extend certain protections to your PHI, and to give you this Notice about our privacy practices that explains how, when and why we may use or disclose your PHI. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure.

We are required to follow the privacy practices described in this Notice though we reserve the right to change our privacy practices and the terms of this Notice at any time.

## How We May Use and Disclose Your Protected Health Information (PHI)

We use and disclose Protected Health Information for a variety of reasons. We have a right to use and/or disclose your PHI for purposes of treatment, payment and for our health care operations. For uses beyond that, we must have your written authorization unless the law permits or requires us to make the use of disclosure without your authorization.

If we disclose your PHI to an outside entity in order for that entity to perform a function on our behalf, we must have in place an agreement from the outside entity that it will extend the same degree of privacy protection to your information that we must apply to your PHI. However, the law provides that we are permitted to make some uses/disclosures without your consent or authorization. The following describes and offers examples of our potential uses/disclosures of your PHI.

## Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations.

Generally, we may use or disclose your PHI as follows:

**For Treatment:** We may use and disclose your medical information as necessary to: consult with your mental health agency about your care, participate in treatment team meetings, or to advocate on your behalf for the availability and provision of proper services.

**For Payment:** We may use and disclose your medical information, so that the claims submitted by your provider are processed and paid, when eligible.

\* For example, if you receive Medicaid, the Board needs to give the Ohio Department of Mental Health, information about your mental health in order to receive Medicaid reimbursement and to pay your agency for those services.

**For Healthcare Operations:** We may use and disclose your medical information as necessary to operate the Board and make sure your receive quality care:

\*For example, we may:

- Review your agency's billing and treatment reports.
- Contact clients who are randomly selected for client satisfaction surveys.
- Release your medical information to state agencies through a state database to determine your eligibility for publicly funded services.

**Effective Date:** \_\_\_\_\_

**This notice is effective on April 14, 2003.**



# Uses and Disclosures of PHI Requiring Authorization

For uses and disclosures beyond treatment, payment and operations purposes we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. Authorizations can be revoked at any time to stop future uses/disclosures except to the extent that we have already undertaken an action in reliance upon your authorization.

# Uses and Disclosures of PHI from Mental Health Records Not Requiring Consent or Authorization

The law provides that we may use/disclose your PHI from mental health records without consent or authorization in the following circumstances:

**When required by law:** We may disclose PHI when a law requires that we report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order. We must also disclose PHI to authorities that monitor compliance with these privacy requirements.

**For public health activities:** We may also disclose PHI when we are required to collect information about disease or injury, or to report vital statistics to a public health authority.

**For health oversight activities:** We may also disclose protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

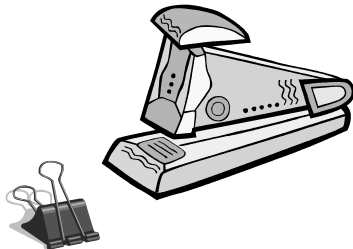
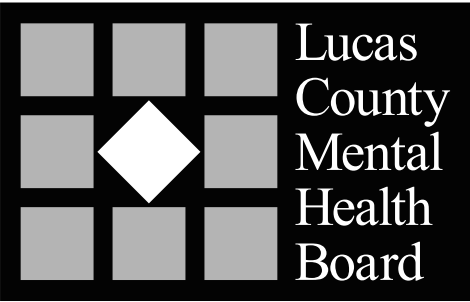
**Relating to decedents:** We may disclose PHI related to a death to coroners, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.

**Health Related Benefits and Services:** We may use and disclose your medical information to tell you about health related benefits or services that may be of interest to you.

**For research purposes:** If a waiver of authorization has been obtained by an Institutional Review Board or a Privacy Board.

**To avert a threat to health or safety:** In order to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

**For specific government functions:** We may also disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government benefit programs relating to eligibility and enrollment, and for national security reasons, such as protection of the president.



# Your Rights Regarding Your Protected Health Information

You have the following rights relating to your protected health information.

**To request restrictions on uses/disclosures:** You have the right to ask that we limit how we use or disclose your PHI. All requests must be made in writing. We will consider your request, but are not legally bound to agree to the restriction. To the extent that we do agree to the restrictions on our use/disclosure of your PHI, we will respond in writing. However, we cannot agree to limit uses/disclosures that are required by law.

**To choose how we contact you:** You have the right to ask that we send you information at an alternative address

or by alternative means. All requests must be made in writing and state that the information being sent by the Board could endanger the individual. The Board will agree to reasonable requests.

**To inspect and request a copy of your PHI:** Unless your access to your records is restricted for clear and documented treatment reasons, you have a right to see your protected health information upon your written request. We will respond to your request within 30 days. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, there will be no charge for 1-5 pages; for more than five pages, there will be a reasonable fee. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying.

**To request amendment of your PHI:** If you believe there is a mistake or missing information in our record of your PHI, you must request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is: (1) correct and complete; (2) not created by us and/or not part of our records, or; (3) not permitted to be disclosed. Any denial will state the reasons for denial and explain your right to have the request and denial, along with any statement in response that you provide, appended to your PHI. If we approve the request for amendment, we will change the PHI and so inform you, and tell others that need to know about the change in the PHI.

**To find out what disclosures have been made:** You have a right to get a list of when, to whom, for what content of your PHI has been released other than instances of disclosure: for treatment, payment, and operations; to you or your family; or pursuant to your written authorization. All requests must be submitted in writing. The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or disclosures made before April 14, 2003. We will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures going as far back as six years. There will be no charge for the first 1-5 pages of copies. For more than five pages, there will be a reasonable fee.